

10/568879**Application Data Sheet****Application Information**

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of Copies of CDs:: 0
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DRINK CONTAINER HOLDING
ATTORNEY APPARATUS
Attorney Docket Number:: 4507-1011
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 16
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: KENT
Middle Name:: AARON
Family Name:: NIXON
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 93 ARTHUR STREET, ONEHUNGA
Address::
City of Mailing Address:: AUCKLAND
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address:: 1006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: CARISSA
Middle Name:: RONELLE
Family Name:: GORDON
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 33A MATAI ROAD, GREENLANE
Address::
City of Mailing Address:: AUCKLAND

State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address:: 1005

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2004/000192	8/20/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	527753	8/21/03	Yes
NEW ZEALAND	534357	7/26/04	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::